

COUNTY OF SUFFOLK



STEVE BELLONE
SUFFOLK COUNTY EXECUTIVE

JENNIFER BLASKE, ESQ.
EXECUTIVE DIRECTOR

DEPARTMENT OF LAW
HUMAN RIGHTS COMMISSION

RABBI DR. STEVEN A. MOSS
CHAIRPERSON

Dear Complainant:

Thank you for contacting the Suffolk County Human Rights Commission. In addition to the investigation of violations of the New York State Human Rights Law, the Commission is also mandated to take complaints of undue force and discriminatory treatment against the Suffolk County Police Department.

Please be advised, however that the Commission has no legal authority to initiate an investigation of charges of police misconduct. The information you provide on the enclosed form will be used to put together a complaint for your signature. Your signed complaint will then be transferred to the Internal Affairs Unit of the Suffolk County Police Department, who will investigate this matter. Our office will be informed of the results of their investigation upon its completion.

Please be advised that a Police Department Internal Affairs complaint is not a substitute for civil litigation. If you are seeking civil damages, you need to consult a private attorney. Please be further advised that a civil lawsuit requires that a "notice of claim" be filed within *ninety (90) days* from the date of the alleged incident. Your attorney will give you further information about what you need to do to preserve your rights.

If you choose to proceed with an Internal Affairs investigation rather than going into court, and you have not already filed a civilian complaint at the precinct, please complete the enclosed form and return it to:

Suffolk County Human Rights Commission
P.O. Box 6100
Hauppauge, NY 11788

If you have any questions, please do not hesitate to contact our office and speak with an Investigator.

Sincerely,

Jennifer Blaske
Executive Director

SUFFOLK COUNTY HUMAN RIGHTS COMMISSION
P.O. Box 6100
100 Veterans Memorial Highway
Hauppauge, NY 11788-0099
(631) 853-5480

POLICE COMPLAINT INTAKE FORM

Please complete the information below. **THIS FORM IS NOT A VERIFIED COMPLAINT. IT IS FOR INFORMATIONAL PURPOSES ONLY.**

Person filing complaint:

Name: _____
Last First Middle

Street Address: _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

May we call you at work? Yes _____ No _____

Please indicate your: Social Security No _____

Date of Birth: _____ Age: _____

Marital Status: _____ Race: _____

National Origin: _____ Sex: _____

Names and Badge Numbers of Police Officers (if known):

Precinct assigned: _____

Car numbers (if known)

Date and Time of Incident

Location of Incident _____

Details of Incident (attach additional pages, if necessary)

Names, addresses and phone numbers of witnesses who may have seen what happened to you:

Has this complaint been filed with the Police Department? Yes _____ No _____

Has this complaint has been filed with any other agency or in court? Yes _____ No _____

If "yes", name of agency or court _____

Do you have an attorney? Yes _____ No _____

Name _____

Status _____

Name, address and telephone number of someone who will always know how to reach

you: _____

Relationship _____

Signature _____ Date _____